

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-04-5080.M5

MDR Tracking Number: M5-04-1114-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on December 17, 2003.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the Oxycontin, Bioflexor, hydrocodone/apap, amitriptyline, Zoloft, Bextra, tizanidine (Zanaflex), Ambien, and Gabitril were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatment listed above were not found to be medically necessary, reimbursement for dates of service from 12-27-02 to 04-16-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 9th day of March 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
PR/pr

NOTICE OF INDEPENDENT REVIEW DECISION

March 4, 2004

MDR Tracking #: M5-04-1114-01
IRO Certificate #: IRO 4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ____ physician reviewer who is board certified in pain management and anesthesiology which is the same specialty as the treating physician. The ____ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or

providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained an injury on ____ when she slipped on a wet floor. She immediately reported sharp pain in her back and tingling in her lower extremities. Conservative therapy has included trigger point and facet injections, physical and aquatic therapy, acupuncture, chiropractic care, and medications.

Requested Service(s)

Oxycontin, Bioflexor, hydrocodone/apap, amitriptyline, Zoloft, Bextra, tizanidine (Zanaflex), Ambien, and Gabitril, prescribed from 12/27/02 through 04/16/03

Decision

It is determined that the medications oxycontin, Bioflexor, hydrocodone/apap, amitriptyline, Zoloft, Bextra, tizanidine (Zanaflex), Ambien, and Gabitril, prescribed from 12/27/02 through 04/16/03 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The initial work up on this patient found only mild degenerative facet at L5-S1. Electrodiagnostic studies and epidurogram have all been negative. The psychological evaluation found she had an "atypical" depression with poor coping skills and an exaggerated sense of entitlement developing. Her complaints of pain have escalated despite multiple medications, injections, and exhaustive therapy, both physical and psychological. There is no evidence found in the record suggesting an organic cause to her complaints of pain. The Bextra was appropriate initially but this injury was in ____ and should have been resolved by the time in question, 12/27/02 through 04/16/03.

Therefore, it is determined that the medications oxycontin, Bioflexor, hydrocodone/apap, amitriptyline, Zoloft, Bextra, tizanidine (Zanaflex), Ambien, and Gabitril, prescribed from 12/27/02 through 04/16/03 were not medically necessary.

Sincerely,